

# MICHIGAN IFTA FUEL TAX LICENSE APPLICATION

Do not file this form if you operate in Michigan Only, use form 660.

▶ 1.

License Year

Issued under P.A. 119 of 1980, as amended.

Please read the attached instructions before completing this application.

Allow 30 days for processing.

(When applying for additional decals complete only items 2, 3, 6 and 17, plus sign and date. Complete item 1 only if the decal year you need is different than the year preprinted on this form)

▶ ☐ a. New ☐ b. Additional Decals

▶ 2. Federal Employer Identification Number or See Instructions

▶ 3. Social Security Number

▶ 4. U.S. DOT Number

▶ 5. IRP Number

▶ 6. Complete Company Name (include, if applicable, Corp., Inc., P.C., L.L.C., etc.)

Business Name, Assumed Name or DBA (if used)

Address (Number and Street or RR)

City, State, ZIP

Country

7. Contact Person

▶ Business Telephone  
( )

Home Telephone  
( )

8. In what month and year did you begin doing business in Michigan?

9. Do you maintain bulk fuel storage in Michigan?

▶ a. ☐ Yes ☐ No

b. If Yes to part a, what is the storage capacity in gallons? \_\_\_\_\_ gallons

c. What is the location of storage tanks?  
\_\_\_\_\_

Do you maintain bulk fuel storage in other IFTA jurisdictions?

▶ d. ☐ Yes ☐ No If yes, list the jurisdictions below.

▶ 10. Is your IFTA license currently revoked?

☐ Yes ☐ No

If yes, list the jurisdictions below in which your license is revoked.

11a. Do you operate part of the year?

☐ Yes ☐ No

11b. If Yes, list months below.

▶ 12. Type of Business Ownership (check one only)

☐ 1. Individual ☐ 2. Partnership ☐ 3. Corporation ☐ 4. Limited Liability Partnership ☐ 5. Limited Liability Corporation ☐ 6. Non-Profit  
☐ 7. Government ☐ 8. Religious ☐ 9. Other \_\_\_\_\_

13. Physical address if different than address listed in item 6. This is the actual location of the business. Enter complete address.

▶ Address (Number and Street, or RR)

▶ City ▶ State ▶ ZIP Code ▶ Country

▶ 14. What type(s) of fuel are used in the vehicle(s) in your fleet? (Check all that apply): ☐ a. A-55 ☐ b. E-85 ☐ c. M-85 ☐ d. Methanol ☐ e. LNG

☐ f. Diesel ☐ g. Gasoline ☐ h. Propane ☐ i. CNG ☐ j. Ethanol ☐ k. Gasohol ☐ l. Other (Specify) \_\_\_\_\_

▶ 15. In which jurisdictions do you operate motor vehicles? (Check all that apply):

Canadian Provinces

1. <input type="checkbox"/> Alabama	14. <input type="checkbox"/> Illinois	27. <input type="checkbox"/> Montana	40. <input type="checkbox"/> Rhode Island	52. <input type="checkbox"/> Alberta
2. <input type="checkbox"/>	15. <input type="checkbox"/> Indiana	28. <input type="checkbox"/> North Carolina	41. <input type="checkbox"/> South Carolina	53. <input type="checkbox"/> British Columbia
3. <input type="checkbox"/> Arkansas	16. <input type="checkbox"/> Iowa	29. <input type="checkbox"/> North Dakota	42. <input type="checkbox"/> South Dakota	54. <input type="checkbox"/> Manitoba
4. <input type="checkbox"/> Arizona	17. <input type="checkbox"/> Kansas	30. <input type="checkbox"/> Nebraska	43. <input type="checkbox"/> Tennessee	55. <input type="checkbox"/> New Brunswick
5. <input type="checkbox"/> California	18. <input type="checkbox"/> Kentucky	31. <input type="checkbox"/> Nevada	44. <input type="checkbox"/> Texas	56. <input type="checkbox"/> Newfoundland
6. <input type="checkbox"/> Colorado	19. <input type="checkbox"/> Louisiana	32. <input type="checkbox"/> New Hampshire	45. <input type="checkbox"/> Utah	57. <input type="checkbox"/> Northwest Territories
7. <input type="checkbox"/> Connecticut	20. <input type="checkbox"/> Maine	33. <input type="checkbox"/> New Jersey	46. <input type="checkbox"/> Vermont	58. <input type="checkbox"/> Nova Scotia
8. <input type="checkbox"/> Delaware	21. <input type="checkbox"/> Maryland	34. <input type="checkbox"/> New Mexico	47. <input type="checkbox"/> Virginia	59. <input type="checkbox"/> Ontario
9. <input type="checkbox"/> Dist. of Columbia	22. <input type="checkbox"/> Massachusetts	35. <input type="checkbox"/> New York	48. <input type="checkbox"/> Washington	60. <input type="checkbox"/> Prince Edward Island
10. <input type="checkbox"/> Florida	23. <input type="checkbox"/> Michigan	36. <input type="checkbox"/> Ohio	49. <input type="checkbox"/> West Virginia	61. <input type="checkbox"/> Quebec
11. <input type="checkbox"/> Georgia	24. <input type="checkbox"/> Minnesota	37. <input type="checkbox"/> Oklahoma	50. <input type="checkbox"/> Wisconsin	62. <input type="checkbox"/> Saskatchewan
12. <input type="checkbox"/>	25. <input type="checkbox"/> Mississippi	38. <input type="checkbox"/> Oregon	51. <input type="checkbox"/> Wyoming	63. <input type="checkbox"/> Yukon Territory
13. <input type="checkbox"/> Idaho	26. <input type="checkbox"/> Missouri	39. <input type="checkbox"/> Pennsylvania		

16a. Are your vehicles involved in a lease agreement? ▶ ☐ a. Yes ☐ b. No

If yes, who is responsible for reporting all operations?

b. Enter address information for lessor and lessee in items 23a and 23b on the reverse side of this form. ▶ ☐ a. Lessor ☐ b. Lessee

▶ 17. Number of IFTA decal sets you will need

for your "Qualifying Vehicles" (Please see instructions): ▶ \_\_\_\_\_

These decals are serialized and you are accountable for the numbers issued to your account. These decals are not transferable under a penalty of law.

Over

18. How many people will you employ who are subject to Michigan withholding?	
19. Estimated annual Michigan gross receipts?	<b>GROSS RECEIPTS</b> are from (a) sales of inventory items, (b) rental or leases, (c) performance of services, interest, royalties, etc., to the extent they are derived from business activity.
20. Indicate IFTA jurisdictions in which you are currently licensed for IFTA (enter "none" if you have never been licensed for IFTA.)  _____	
21. Address where your records are available for audit purposes if different than address in item 6. Enter complete address.  _____	

**Complete all information for each owner, partner, member or corporate officer. Attach a separate list if necessary.**

22a. Name (Last, First, Middle, Jr./Sr./III)	Home Telephone (     )
Business Title	Date of Birth
Residence Address (Number and Street or RR)	Social Security Number
City, State, ZIP	Driver License/Michigan Identification
22b. Name (Last, First, Middle, Jr./Sr./III)	Home Telephone (     )
Business Title	Date of Birth
Residence Address (Number and Street or RR)	Social Security Number
City, State, ZIP	Driver License/Michigan Identification

**Complete the following if your vehicles are involved in a lease agreement.**

23a. Name of Lessor	23b. Name of Lessee				
Address (Number and Street or RR)	Address (Number and Street or RR)				
City, State, ZIP	City, State, ZIP				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Telephone (     )</td> <td style="width: 50%; border-bottom: 1px solid black;">Fax (     )</td> </tr> </table>	Telephone (     )	Fax (     )	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Telephone (     )</td> <td style="width: 50%; border-bottom: 1px solid black;">Fax (     )</td> </tr> </table>	Telephone (     )	Fax (     )
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Telephone (     )	Fax (     )				

**TERMS:** The IFTA applicant agrees to comply with the timely reporting and payment of tax, record keeping, license display (copy in cab of each unit) and decal display requirements as specified in the International Fuel Tax Agreement. The applicant agrees to make their records available for audit in Michigan. If the applicant fails to do so, the applicant agrees to pay any costs incurred in obtaining and auditing their records. The applicant further agrees that Michigan may withhold any refunds due if the applicant is delinquent on payment of fuel taxes due any member jurisdiction. Failure to comply with any of the terms will be grounds for revocation of the license in all member jurisdictions.

The IFTA applicant further, specifically:

1. Agrees to maintain a record of fuel purchased and miles traveled within each jurisdiction by each vehicle, and
2. Agrees that Michigan may collect any delinquent taxes due under IFTA for IFTA member jurisdictions under authority of Michigan laws that provide for the collection of delinquent taxes.

All applicants agree, under penalty of perjury, that the information given on this application is, to the best of his or her knowledge, true, accurate, and complete.

This form must be signed by an owner, partner, or corporate officer listed above or by an authorized agent. If signed by an authorized agent, a properly completed *Power of Attorney Authorization* (form 151, formerly C-1029) must be attached to this application. A signature below indicates agreement to the above terms and other IFTA provisions.

Signature	Date
Print or Type Name and Title Here	

Mail your application to:

**Customer Contact Division, Special Taxes  
Michigan Department of Treasury  
P.O. Box 30474  
Lansing, MI 48909-7974**

If you have questions, contact the Motor Carrier Section by **phone** at (517) 636-4580 or by **fax** at (517) 636-4593. **Deaf, hearing or speech impaired persons** should call (517) 636-4999 (TTY).